Document E: MAP 6-Month Evaluation

Return this form 6 months after the show date to recei	ve 25% reimbursement.
Company Name:	
Trade Show Attended (no abbreviations):	
Trade Show Dates and Location:	
1) How many of the trade inquires you initially receiv	red at the show resulted in sales?
2) During the past 6 months, what have been your tota at this show?	al sales as a result of exhibiting
3) Please project the dollar amount that you expect yo next 12-months due to follow-up after this show. \$	
4) Please check your primary objectives for participat achieved:	ing in this show and indicate if
Goals	Achieved
() To appoint agent, broker, distributor, licensee	()
() To make contracts, receive trade inquires	()
() To sell products	()
() To conduct test marketing, market research	()
() Other, please indicate	()
6) Would you participate in this show again?	es No
7) Please write comments regarding this show	